

From: Brian P. Monahan, MD, MACP

The Attending Physician, Congress of the United States

Date: February 27, 2022

**SUBJ: Congressional Coronavirus Disease Update; Continued Decreasing Number of Coronavirus Cases and Recent CDC introduction of COVID19 Community Level Metric.**

This Dear E Colleague letter contains several changes compared to my recent communication with you on Feb 4, 2022: Continued decrease in Capitol coronavirus case rate, alteration of current operational status recommendations regarding mask wear in interior spaces and coronavirus risk reduction measures. On Feb 25, 2022, CDC announced a new metric for public health measure implementation, the [CDC Community Levels](#). In this new model, additional factors are considered to protect critical health infrastructure while lessening transmission of disease and protecting vulnerable individuals.

**Key changes to Capitol operational posture are:**

**-The Washington DC region is now in the “green level” or low level in this new CDC schema allowing for reduction in coronavirus prevention measures such as coronavirus testing frequency and indoor mask wear.**

**-Individuals may choose to mask at any time, but it is no longer a requirement.**

**-People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a properly fitted high quality filtration mask (KN95 or N95). COVID19 layered protection measures such as vaccination emphasis, and daily home health screening inventory prior to coming to work should continue.**

**-State of the Union Address Scheduled for March 1, 2022**

**The House Sergeant-at-Arms published State of The Union important event information in his Dear E-Colleague Letter of Feb 17, 2022. This contains necessary procedures for coronavirus risk reduction measures that remain in force with the exception that, KN95 or N95 mask wear is no longer required and mask wear is now an individual choice option.**

Since my last E-Colleague letter to you on Feb 4, 2022, coronavirus cases have continued to decrease throughout the United States and in our region. Presently there are more than 66,000 new cases per day in the USA reflecting a decrease of approximately 63% over the past 2 weeks. The number of individuals hospitalized (53,000) has likewise decreased by approximately 44%. The USA death rate has also decreased by 24 % to approximately 1900 individuals per day. The coronavirus pandemic has not ended but moved into a different phase that reflects vaccine and post recovery immunity, availability of effective prevention and therapeutic drug strategies and decreased severity of disease for most people.

Cases are due to the highly contagious Omicron variant (Both BA.1 and BA.2) and represents both "breakthrough infections" among mostly previously vaccinated individuals, as well as cases in

unvaccinated individuals. The Omicron and Delta variants represent a dire health risk to unvaccinated individuals and a continued risk to vaccinated individuals and their unvaccinated household contacts.

Eighty-nine percent of coronavirus infections at the Capitol occur in vaccinated individuals. Sixty three percent of cases at the Capitol were symptomatic, while 37% were asymptomatic detection. While many infections can be detected through workplace testing, the most common risk of acquiring infection are the individual's activities outside the workplace, such as attendance at receptions, entertainment venues, celebrations, family gatherings, travel, and crowded indoor situations. Active coronavirus disease in friends or household members is a significant contributor. "Breakthrough" infections among Members and staff have not led to hospitalizations, serious complications, or deaths, attesting to the value of coronavirus vaccinations.

The Capitol community has been responsive to this public health threat by increasing reliance upon telework, improving mask wear to medical grade filtration masks, introduction of voluntary home coronavirus serial testing, and continued adoption of the important coronavirus vaccine booster vaccination. Over the past two weeks our CVC test center positive rate has decreased to at a 7-day average rate of 2.7%. (The DC metropolitan region test positivity rate is 4.7 %) This case rate decrease at the Capitol has also been reflected in the number of new daily cases in the Maryland and Washington DC region which are now among the lowest in the Nation. (Maryland 11/100,000 population, VA 23/100,000 population, DC 13/100,000 population). The daily case rates are projected to continue to decrease throughout the United States but at differing rates in different regions. Applying the new COVID19 Community Levels metric, as of today, 23% of USA counties are in the green or low level, 40% are in the yellow or medium level and 37% are in the orange or high level.

The District of Columbia State of Public Health Emergency expired on Feb 15, 2022, requirements to demonstrate vaccination status on entry to certain public places in the District Of Columbia ended on Feb 14, 2022 and indoor mask wear requirements in certain venues is scheduled to end on March 1, 2022. The District of Columbia has continued indoor mask wear requirements in District Government offices and facilities, Public Libraries, Public, Private Charter, parochial and independent schools, Health Care facilities, Childcare facilities, nursing homes, dormitories and while using public transit vehicles. [Adjustment to Winter Action Plan of Mitigation Measures for COVID19](#). Additional time will be needed to harmonize the new CDC COVID19 Community Level Metrics released by CDC on Feb 25, 2022 with local public health policies. The Department of Health and Human Services Secretary's Declaration of a National Public Health Emergency was last renewed on Jan 14, 2022 through April 14, 2022 [Public Health Emergency](#).

An additional mutation of Omicron variant coronavirus, the BA.2 subvariant, has been identified in at least 57 countries and in the USA. The BA.2 subvariant accounts for approx. 30% of worldwide COVID19 cases and 3.9% of USA cases. This BA.2 variant is 30-40% more contagious but so far has equivalent severity to the BA.1. Its clinical features and response to therapies have not been much different than its parent BA.1 [The BA.2 Omicron Sub Variant](#). (The previous coronavirus Delta variant had over 200 sub-variants that have been replaced by Omicron). The BA.2 subvariant increasing presence in the community may slow the rate of case reduction and public health agencies have expressed potential concerns. It has overtaken BA.1 as the dominant omicron subvariant in at least 10 countries.

### **The COVID19 Community Level**

The COVID19 Community Level considers the proportion of hospital capacity devoted to caring for COVID19 patients, the number of new patients with COVID19 admitted to the hospital in the past week (both with COVID19 and because of COVID19), and the number of new COVID19 cases in the county in the past week. In areas where the COVID19 Community Level is low—people, households, and communities can take minimal, practical precautions. In areas where the COVID19 Community Level is medium—CDC recommends focusing specific prevention measures on protecting those at increased risk of severe illness. In areas where the COVID19 Community Level is high—layered prevention measures are recommended to avoid overwhelming local hospitals and healthcare systems by preventing severe illness and death. The link below this table will allow you to view the data for your particular county.

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 population in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

Based on this new metric to inform public health actions, our Washington DC region is at a “low” of green zone level. You can check your county for current status here: [Covid-by-County Level](#).

### **Schools and Early Childhood Education Centers**

CDC is working now to update guidance for K-12 schools, early childhood education facilities, and institutes of higher education. The CDC web site has marked these pages as awaiting revision so that anyone visiting the guidance will know that updates are in progress.

### **Isolation/Quarantine**

CDC isolation and quarantine guidelines as discussed in my 27 January Dear E-Colleague letter have not changed.

### **Vaccines**

The public health disease control challenges of the SARS-CoV-2 coronavirus pandemic informs the ongoing emphasis to complete vaccination for unvaccinated individuals. Fortunately, coronavirus vaccines remain highly effective, extremely safe, and offer excellent protection from severe

consequences of coronavirus infection. Additional research has demonstrated the powerful sustained benefit of vaccination during the omicron variant coronavirus surge that reduces the risks of hospitalization and death substantially among the vaccinated and boosted. [Sustained Effectiveness of Vaccination During Omicron Surge](#) Other studies indicate that [a booster dose is essential for protection](#) from omicron related coronavirus variants. [mRNA Vaccines Protect Against Omicron Variant](#) National efforts to promote primary coronavirus vaccination among unvaccinated individuals remain critical, particularly considering the Delta and Omicron variants. Although a recent CDC study indicated recovery of natural infection provided protection against Delta agent infection, the degree and duration of protection from Omicron variant infection (99% of USA cases) is unknown. ([COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis](#)). Individuals previously relying on recovery of natural infection should receive coronavirus vaccination at the earliest opportunity. Protection fades with increased time from booster administration ([Booster Vaccination Protection Against Symptomatic Infection Fades](#)). Presently, the Centers for Disease Control has not yet recommended a second booster vaccination. Two manufacturers have initiated clinical trials of a customized coronavirus vaccine for the Omicron variant ([Pfizer starts clinical trial of modified covid vaccine](#) and [Moderna Starts Testing Omicron Vaccine in People](#)). Preliminary studies suggest that vaccination can reduce the risk of long-COVID syndrome significantly [Long COVID risk and Vaccination](#).

Vaccines remain available at the Rayburn Health Unit for anyone with a congressional identification card. The OAP has administered coronavirus booster vaccinations to 8,115 Capitol personnel.

[See the OAP website for additional information on Booster vaccines and how to obtain one, or schedule an often same-day appointment here.](#)

## **Workplace Measures to Reduce the Spread of Coronavirus at the Capitol**

### **General**

Congressional offices, Committees, and Agencies should adopt a [telework optional posture](#) where preferred. Employing agencies should review their efforts to promote all required measures to sustain workplace and employee health and safety. Capitol food vendors and dining facilities have restored the typical range of in-facility dining, carry-out, delivery, and grab and-go type food options.

### **State or District Offices:**

State or District offices should check the COVID19 Community Level for their county location to determine if coronavirus reduction measures may be modified based on their Community COVID19 level: [Covid-by-County Level](#). Offices located in a “Orange or High” level should maintain KN95 or N95 mask wear requirements for all in interior spaces, increased office ventilation or HEPA air filtration, and continue the serial weekly voluntary coronavirus antigen test program for those that need to be present in the workplace. Telework options and reduction in in-person meetings should continue to be promoted. Offices located in an “Yellow or medium” level should focus mask wear and telework for those individuals at increased medical risk for coronavirus severe disease. Offices located in “Green or low” Community COVID19 Level can pause the voluntary weekly serial testing and adopt an interior mask wear [optional](#) status.

## Masks

Wearing a mask is a very effective personal protective measure to reduce the risk of infection ([How effective is a Mask to Prevent COVID19 Infection ?](#)) and ([Effectiveness of Masks to Control Community Spread of COVID19](#)). There will always be individuals who should consider wearing a high efficiency well-fitted filtration mask in indoor settings due to personal medical factors, compliance with the post-coronavirus infection isolation period of required mask wear, need to protect vulnerable family members from coronavirus, visiting health care facilities or residential care facilities, or compliance with public transit or FAA travel requirements. For most individuals, mask wear is optional at this time (green or low COVID19 Community level).

Business processes such as committee hearings and other meetings should revise signage or operating statements to reflect interior space mask wear is optional and not required at this time. Coronavirus circumstances, the COVID19 Community Level, may change to a “medium or yellow” level where select individuals resume interior mask wear and weekly serial testing while a “high or orange” level would prompt resumption of the indoor mask wear requirement for all.

On February 4, 2022, the Centers for Disease Control published their clinical study demonstrating the substantial benefit of adopting the KN 95 or N95 mask wear to prevent coronavirus infection. [Substantial Benefit of KN95 or N95 Mask Use Case-Control study](#) For any mask to be effective, it must be well fitted to the face (no gaps at cheeks or in front of ears and cover the face from the bridge of the nose to below the chin). Individuals may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a properly fitted, high-quality filtration mask (KN95 or N95). For those individuals with coronavirus infection, the option to exit isolation after the initial five days, requires strict mask wearing for an additional five days to complete the entire 10-day program.

The type of mask worn, when it is necessary to wear a mask, should continue to emphasize protection from the highly contagious variant coronavirus. Blue surgical masks, cloth face masks and gaiter masks must be replaced by the more protective KN95 or N95 masks. (see [OAP website](#) for further information on N95 and KN 95 masks). Compliance with CDC and OSHA guidance regarding mask wearing, regardless of vaccination status, is also essential in an employer's efforts to ensure compliance with applicable workplace safety and health standards.

## Health Screening

Participating in the daily health screening inventory [covid-19-health-screening-inventory](#)(completing the COVID health screening inventory reporting results via screening attestation to a designated work center monitor) before coming to work and, if you feel ill, avoiding the workplace until you can be evaluated by a healthcare provider are essential. This process is still necessary even after an individual is fully vaccinated.

## Testing

A voluntary coronavirus home serial test program utilizing a rapid antigen test is available to personnel that must be present in the workplace. This program will pause on March 7, 2022 and will resume should the COVID19 Community level increase to the “medium” or yellow level. See program

details in House Chief Administrative Officer Dear E Colleague Letter of Jan 11, 2022 , U.S. Senate Home Test Program Announcement of February 2, 2022 and the [OAP website](#) for additional details.

Individuals with acute coronavirus infection have the option to use a home rapid antigen test on day 6 of their isolation to determine if they may exit isolation for an additional 5 days of strict mask wearing or continue isolation at home. A positive home antigen test performed on Day 6, will require a full ten-day period of home isolation. (Fifty-Four percent of people are still antigen test positive (presumed infectious) on day 6 through 10. [Persistent Antigen Positive Individuals on day 6 through 10 of isolation.](#))

The Capitol Visitors Center Coronavirus Test Center remains available and open in the CVC each day for walk-in, within-24-hour-result rt-PCR based coronavirus testing for any concerned individuals (see posted hours for test center operating hours and location on the [OAP website](#).) The CVC test Center only performs the RT-PCR test. Individuals who have recovered from acute coronavirus infection are not required to undergo a PCR test for a 90-day period.

In case of an emergency, seek care from your local emergency department or call 911. For nonemergent medical concerns (COVID19 or non-COVID19 related) contact the OAP at the number below. A physician is available to discuss your concern and provide guidance for further evaluation as needed.

8:30 AM – 5:00 PM weekdays: Call the OAP Main Office at 202-225-5421.

Further information is available at the [OAP website](#)